

# CHOICES IN COMMUNITY LIVING

## NEW EMPLOYEE ORIENTATION RECEIPT

Name: \_\_\_\_\_ Date: \_\_\_\_\_ EMP# \_\_\_\_\_

Position: \_\_\_\_\_ Program Name/Manager: \_\_\_\_\_

### CICL Specific Training:

TOPIC:	INST/STAFF INITIALS:
Welcome to Choices – We are glad you are here!	
Mission, Vision, Values, and Organizational Structure of CICL	
Lest We Forget (condensed video)	
Overview of CICL history and specific services provided	
Review of CICL Policies, Procedures, Handbook and Work Rules/Employee Conduct	
Reporting Major Unusual Incidents and Unusual Incidents	
Review of Medicaid funding and Service Documentation that supports billing for services provided	
AccelTrax Online Testing	

### DODD Specific Training:

TOPIC:	INST/STAFF INITIALS:
Module 1: Intro to Supporting People with Developmental Disabilities	
Module 2: The Bill of Rights & the NADSP Code of Ethics	
Module 3: Trauma-Informed Care and Restrictive Measures	
Module 4: Health and Safety, Part One	
Module 5: Health and Safety, Part Two	
Module 6: Valued Roles	
Module 7: Intro to Empathy Based Care	

**For ADS/Day Hab Staff**, the following individuals are your program **MENTORS**. Any questions related to your duties, responsibilities, or concerns can be addressed with them: BUTLER CTY: Dennis Carter/Jody Crum. CLARK CTY: Diane Hayslip/Kesha Tuttle. GREENE & MONTGOMERY CTY: Amy Fansher. WARREN CTY: Amy Fansher.

*By signing this form you are confirming that you have been informed of the requirements to complete, review, and/or maintain certification for employment with Choices in Community Living in providing Home and Community Based waiver Services (HCBS) under the Ohio Department of Developmental Disabilities.*

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_